



BP CLAIMS PROCESS

Subject: MC 252 Incident

Date: 26 May 2010

Report Topic: Description of Claims Process

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1. INTRODUCTION

BP has been designated as a responsible party under the Oil Pollution Act of 1990 (“OPA”) and has accepted that designation. BP will carry out its responsibility under OPA and will pay all necessary response costs and legitimate claims for damages recoverable under OPA that were caused by the oil spill from MC 252 following the Deepwater Horizon Incident on April 20, 2010. BP will pay claims consistent with the law and will be guided by the relevant statutes and regulations, including the United States Coast Guard’s guidelines addressing claims compensability and claims handling procedures. Throughout, BP aims to be efficient, practical, and fair.

This document describes the claims process that has been established by BP to intake and process legitimate claims arising from the Deepwater Horizon Incident. Because OPA is the premise under which the claims process has been established, BP is directed by OPA and USCG guidelines when assessing claims. Under OPA, BP must pay specific categories of damages caused by the spill including:

- Removal and Cleanup Costs
- Property Damage
- Subsistence Loss
- Net Lost Government Revenue
- Net Lost Profits/Earning Capacity
- Cost of Increased Public Services
- Natural Resource Damage

The United States Coast Guard has a significant role in overseeing BP’s Claims Process in addition to being responsible for the National Pollution Fund. The Coast Guard has developed detailed specific guidance for determining whether a claim is legitimate under OPA. The Coast Guard has nearly twenty years of experience in evaluating OPA claims. BP intends to rely on that experience and is guided by several general principles:

- The oil spill must be the legal cause of the alleged loss.
- The alleged loss cannot be remote or speculative.
- The claim must be substantiated.
- Reasonable efforts must be taken to mitigate the loss.
- When BP pays a claim, the payment will be for net loss.
- A given loss will be paid for once. There will be no double recovery.
- BP will be efficient, practical, and fair.

All claimants have a responsibility to make reasonable efforts to avoid or minimize losses from the oil spill. Additional expenses related to avoiding or minimizing losses by a claimant can be included in the claim as additional expenses. The claimed amount of direct loss will be adjusted for extra expenses and/or income related to avoidance/minimization efforts.

In addition to the specific categories of damages covered by OPA, claims adjusters are also documenting claims for alleged bodily injury caused by the oil spill. Although claims for bodily injury are not compensable under OPA, BP is committed to evaluating each claim for bodily injury submitted through the claims process on a case-by-case basis.

2. PROCESS STEPS

2.1 Claim Intake – By Phone

A dedicated, toll-free telephone number has been established and published for individuals to call and report a claim, 1-800-440-0858.

Callers are prompted to press #1 to report a new claim. If the caller does not press #1, but stays on the line, he/she will hear a message telling him/her to call 1-800-573-8249 with questions regarding a previously reported claim.

- Callers who press #1 are greeted by an intake professional.
 - The intake professional inquires if this is the first time the caller has called to report a claim. This helps to ensure that the claimant is not reporting his/her claim twice.
 - If the caller requires an interpreter to report the claim, the intake professional launches a conference call with the AT&T Language Line to obtain the information needed to report the claim.
- Using a prepared script, the caller is asked to provide:
 - Name*
 - Address*
 - Location of loss – if known
 - Primary contact number*
 - Social Security number
 - Date of birth
 - Occupation
 - *Mandatory for claim data entry at intake
- Callers are then asked what type of damage they are reporting.
 - For Property Damage claims, information is gathered about the nature of the damage. All damages are recorded as factors. An individual may have one property damage claim, but can have more than one factor, e.g., individuals who own several rental properties or a boat owner who claims loss of income in addition to damage to the boat.
 - For Loss of Income claims, information is gathered about the nature of the income stream, proof of historical income, and proof of the loss linked to the incident, e.g., a boat captain provides fishing license, boat registration, and proof of income.
 - For Bodily Injury claims, information is gathered about the nature of the claimed injury or illness. All symptoms are recorded as factors. An individual will have only one Bodily Injury claim, but may have several factors. The individual is asked if he/she sought medical treatment. If he/she has received treatment, the

name and address of the doctor or treating facility is obtained and added to the report.

- The Claim Intake data is entered into the system.
- After all information has been recorded, the claimant will receive a follow-up phone call providing a claim number. The claimant is informed that an adjuster will contact him/her within three to four days.

2.2 Claim Intake – Online

BP has developed a website for the online reporting of claims. Users will be able to access this site through one of the following URLs:

- www.bp.com/gulfofmexicoclaims
- www.bp.com/claims
- www.bp.com/claim
- www.fl-response.com*
- www.ms-response.com
- www.al-response.com*
- www.la-response.com

*Due online in the near future

Please note, additional URLs may be added to this list.

- Users are able to complete an electronic claim form. Information requested is the same information that would be requested if the individual had called the toll free claim number to report his/her claim.

*** Initially, the claim submission will be in English, though versions of the claim form in Vietnamese and Spanish are forthcoming.

- Once all required fields within the online form have been completed, the individual submits the claim. Once the submission is complete, a notification screen will appear to inform the individual that he/she will receive a claim number via email or telephone contact within three to four days.
- The claim forms are automatically submitted to the processing center. They are checked against the claims database to confirm the claimant has not previously reported the claim. New claims then become part of a centralized database, and the claim form is transmitted to an electronic mailbox for assignment.
- A claim number is assigned and communicated to the claimant via email or telephone contact.

2.3 Claim Assignments

- For those claims reported via telephone, the paper Claim Intake Form is scanned into the system. For those claims reported online, the information is automatically transmitted in its original electronic format.

- The Claim Intake Form is entered into the data base creating a First Notice of Loss (FNOL), which is electronically transferred to a dedicated mailbox for claim assignment.
- Upon receipt of the claim(s), a Claim Manager reviews the claim(s) and assigns the claim(s) to the appropriate State Team. Complex claims are assigned to the Large Loss Unit (see Section 2.5).
- The manager from the State Team then assigns the claim(s) to the appropriate adjuster based on the complexity and type of claim(s). The adjuster contacts the claimant to discuss his/her claim(s), confirming contact information and advising the claimant of the documentation required to support the claim.

Below are examples of typical documentation requested to support claims:

- Loss of Income Claims
The information requested to support an economic loss claim can include tax records, trip tickets, wage loss statements, deposit slips, boat registration, and a copy of claimant's current fishing license. Commercial economic loss claims may require additional business specific records to support the claim. The information requested to support a loss of rental claim can include prior occupancy rates, cancellations, tax records, and bookkeeping records.
- Property Damage Claims
Minor property damage claims can often be handled over the phone with the subsequent submission of supporting information, e.g., photographs and replacement or cleaning receipts. Larger property damage claims may require on-site inspection by a claims adjuster.
- Bodily Injury Claims
The information requested to support a bodily injury claim can include medical records, medical bills, and pharmacy records.
- The adjuster tells the claimant that he/she can fax (888.873.6217) the documentation or bring the documentation and meet with the adjuster at the most convenient Claim Center to them.
 - If the documentation is faxed, the adjuster will review the documentation upon receipt. If the documentation supports the claimant's loss of income claim or other damages, the claimant is contacted and advised of the issuance of an advance payment. Arrangements are made to deliver the advance payment to the claimant. If further evaluation of the claim is required, the adjuster will contact the BP Claims Authorization team, who will review the claim and approve or deny accordingly.
 - If the claimant indicates that he/she would prefer to bring the documentation and meet with an adjuster, the claimant is provided with the address of the Claim Center closest to his/her residence. The claimant is advised to gather and bring the required documentation to the field office.

2.4 Field Claim Center – Adjuster Workflows

Upon arrival at a field location, a claimant signs in at the front desk and meets his/her adjuster to discuss his/her claim.

Adjusters meet with the claimant individually to review the claim. If a translator is required, the claimant can be accompanied by his/her own translator or translators will be provided by BP.

- The adjuster asks the claimant if he/she is represented by an attorney. If the claimant answers affirmatively, the claimant is advised that his/her claim will not be treated differently, but that BP is required to communicate with the attorney unless that attorney provides written authorization to BP that direct communication with his/her client is permissible. The adjuster will offer to the claimant a form (see Appendix 7) to assist the attorney in providing written authorization. This particular form is not required, but direct communication with the claimant is forbidden without some form of written authorization from the attorney. If the claimant's attorney does not provide this authorization, the attorney must pursue the claim on behalf of the claimant. An attorney is not necessary to submit a claim to BP, and attorney's fees are not reimbursable under OPA. Each claim will be individually evaluated, and payments will be made on an individual claim basis. BP will not make mass or group payments.
- The adjuster will confirm all information on the claim form and ask for a legal form of identification, e.g., drivers license, passport, etc. The adjuster will make a copy of the identification and it becomes part of the claim file. All claims require photo identification to support the identification of the claimant.
- The adjuster reviews the documentation presented by the claimant to determine if it is sufficient to support the claim. Copies of the supporting documentation also become part of the claim file.
- If the adjuster determines that the documentation provided by the claimant supports an advance payment, an advance will be authorized and arrangements will be made to deliver the advance payment to the claimant. Advance payments will be made to claimants demonstrating financial hardship resulting from the oil spill. BP will evaluate each claim to determine whether an advance payment is appropriate and will continue making advance payments on an interim basis based on continued demonstration of financial hardship. Advance payments by BP should not be viewed as binding precedent that BP will continue to pay or reimburse any particular claims in the future.
- Claimants may be asked to provide additional information to support claim(s). If claimants have queries during the processing of the claim(s), they will be encouraged to call a toll-free number (800.573.8249), which is dedicated to handling such queries.

All claims require a claim number in order to be processed. Claimants must log claims online or call the toll-free phone number as described above to obtain a claim number. In the event a claimant comes to a claim center without a claim number, the claim process is explained. The claimant is provided with the toll-free number or advised to visit the online website to file his/her claim.

2.5 Large Loss Claims

Claims that are of large monetary value or are based on complex economic predictions of loss should be routed to:

ESIS Large Loss Team
PO Box 17160
Wilmington DE 19850

FAX: (302) 476-6272

These claims will be handled by experienced claim adjusters with the assistance of accountants and lawyers. Financial documents supporting the claimed loss and identifying the ultimate beneficiary of the business should be provided with the submission. A list of acceptable documentation by industry is attached. The adjuster will review the documentation provided and request additional supporting information as needed.

After the file has been reviewed and the current amount of loss is determined by the adjuster, a recommendation for an advance payment is forwarded to the BP Claims authorization team for approval.

If BP approves the requested payment, the adjuster will fill out a payment request form and forward it to the claims processing center, where an automated check will be issued. The check will be sent to the mailing address of the individual or business unless other arrangements are made.

If BP does not accept the advance recommendation, it will return the file with an explanation of why the request was denied. In certain cases, additional supporting documentation may be submitted for further review.

2.6 Expedited Government Claims Process

BP is aware that parishes, counties, local governments, and other political subdivisions administering separate budgets ("Local Governmental Entities") have incurred expenses in responding to the Deepwater Horizon Incident. Therefore, BP has developed an expedited process to reimburse or advance Local Governmental Entities for certain expenses and/or anticipated budgeted expenses ("Expedited Government Claims Process"). The establishment of the Expedited Government Claims Process should not be interpreted as an indication that BP will not honor other legitimate claims submitted through the normally-paced claims process, but rather as simply a means to expedite handling of certain types of claims for costs incurred by Local Governmental Entities. Any other claimants besides Local Governmental Entities should refer to the claims process described in the preceding sections for guidance on submitting claims.

BP has made advanced funds available to the States of Louisiana, Mississippi, Alabama, and Florida, as well as certain Louisiana Parishes for the purposes of expedited payment for costs incurred by governmental entities related to the Deepwater Horizon Incident. Therefore, Local Governmental Entities should first submit claims to be considered on an expedited basis to the Parish if that Parish previously received advance funds, and subsequently to the State if the Parish declines to pay the claim. In Parishes not previously receiving advance funds and in the States of Mississippi, Alabama, and Florida, Local Governmental Entities should first submit claims to be considered on an expedited basis to the State.

Local Governmental Entities seeking to submit claims for expedited reimbursement from BP through the Expedited Government Claims Process should submit written confirmation that the Parish and/or State declined to pay the claim and a list of costs incurred to date that includes:

- a description of the activity;
- an explanation for why the activity was necessary in connection with the Deepwater Horizon Incident; and
- supporting documentation.

For additional guidance on documentation that should support a claim for reimbursement, Local Governmental Entities should call (302) 476-7718.

Local Governmental Entities intending to submit claims for advancement or reimbursement of future costs should submit a monthly budget to BP for review that includes all similar anticipated future costs for which the Local Governmental Entity seeks advance payment. The goal is to maximize pre-payment of covered costs and minimize retroactive reimbursements, thereby easing cash flow burdens on the Local Governmental Entities. Each subsequent monthly budget submitted after the first budget should include an accounting of costs actually incurred for the preceding budget period and should be compared (and documented) against the budget with the new advancement request adjusted accordingly.

A Local Governmental Entity's submission of claims for reimbursement to BP or requests for advance payments through the Expedited Government Claims Process shall not constitute a waiver by the Local Governmental Entity of claims for reimbursement of other costs not submitted pursuant to the Expedited Government Claims Process. BP will evaluate each submission for reimbursement or advancement through the Expedited Government Claims Process, and payment by BP on an expedited basis should not be viewed as binding precedent that BP will pay or reimburse any particular claims in the future.

The Expedited Government Claims Process will continue on an interim basis to address the need for expedited claims processing. BP will notify the Local Government Entities when the interim expedited process is being discontinued or modified.

3. REPORTING FRAUD

BP has established a Fraud Reporting Hotline (1-877-359-6281)

The public is encouraged to report suspected fraudulent claims. The toll free number will be posted at all claim centers. The fraud hotline is staffed by operators working for the Special Investigation Unit. All potential claims of fraud, waste, or abuse will be investigated by a dedicated Special Investigation Unit, and where appropriate, submitted to authorities. Anyone submitting false claims may be subject to civil and criminal prosecution under Federal law.

APPENDICES:

Appendix 1 – Screenshot of BP Online Claim Form

Appendix 2 – Commercial Fisherman Claims Form

Appendix 3 – Crabber Claims Form

Appendix 4 – Oyster Lease Owner Claims Form

Appendix 5 – Commercial Shrimper Claims Form

Appendix 6 - Commercial Claim Documentation

Appendix 7 – Forms for Attorney Represented Claimant

Appendix 1 – Screenshot of BP Online Claim Form

* indicates a mandatory field.

Your first name *

Your last name *

This claim is for: *

☐

Yourself

☐

A Business

☐

Other

If 'Other', what is your relationship?

You are

☐

An Employee

☐

A Business

☐

Other

Loss location name: *

Loss location street address *

City *

State *

☐

Alabama

☐

Florida

☐

Louisiana

☐

Mississippi

☐

Other

If 'Other', provide State name below

Zip code *

Your email address

Your home phone number

Your work phone number

Your cell phone number

The best number to reach you is:

If your boat was damaged, was it a charter boat?

☐ Yes

☐ No

If your boat was a charter boat, what is the size of the boat?

If your boat was a charter boat, what is the registration number?

Was your boat handmade?

☐ Yes

☐ No

If your boat was handmade, what year was it made?

If multiple boats were damaged, how many boats were damaged?

Have you previously reported this claim? *

☐ Yes

☐ No

Have you reported this claim to anyone else? *

☐ Yes

☐ No

If yes, to whom was the claim reported?

Date of previous report

Appendix 2 – Commercial Fisherman Claims Form

NAME OF CLAIMANT	
ADDRESS	
TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER	
STATE COMMERCIAL FISHERMAN LICENSE NUMBER(S): TX, LA, MS, AL, FL	

IS THIS CLAIM FOR LOSS OF INCOME? ☐ YES ☐ NO

IS THIS CLAIM FOR DAMAGE TO A VESSEL(S) OR EQUIPMENT? ☐ YES ☐ NO

IF YES,
WHAT IS THE NAME OF THE VESSEL(S)?

WHAT IS THE STATE VESSEL LICENSE NUMBER(S)?

DESCRIBE IN DETAIL THE NATURE OF DAMAGES CLAIMED. DESCRIBE THE DAMAGE TO THE VESSEL(S) OR EQUIPMENT. AND/OR DESCRIBE HOW YOUR INCOME HAS BEEN AFFECTED:

DEFINE THE AREA WITHIN WHICH YOU FISH THAT HAS BEEN AFFECTED BY THE OIL SPILL.

STATE THE AMOUNT OF CATCH AND/OR SALES OF FISH COLLECTED FROM THIS FOR THE PRIOR THREE YEARS. ALSO, PROVIDE THE DATE(S) OF CATCH SALE.

DO YOU HAVE RECORDS AND OR SALES RECEIPTS OF THE CATCH(ES)?

☐ YES ☐ NO

IF YES, ARE THESE RECORDS/RECEIPTS AVAILABLE FOR OUR INSPECTION?

☐ YES ☐ NO

WHAT WAS THE AMOUNT OF INCOME YOU DECLARED ON YOUR TAX RETURNS FROM THE SALES OF FISH FOR THE PAST THREE YEARS?

2007 _____ 2008 _____ 2009 _____

ARE THESE TAX RECORDS AVAILABLE FOR OUR INSPECTION? ☐ YES ☐ NO

ARE YOU CURRENTLY EMPLOYED AS A FULL-TIME COMMERCIAL FISHERMAN? ☐ YES ☐ NO

IF NO:

WHAT IS YOUR OTHER EMPLOYMENT AND/OR OCCUPATION?

WHAT PERCENTAGE OF YOUR INCOME IS DERIVED FROM THIS OTHER EMPLOYMENT? _____

SINCE APRIL 21, 2010, HAVE YOU ATTEMPTED TO FISH OUTSIDE OF THE AREA IDENTIFIED IN THIS CLAIM? ☐ YES ☐ NO

IF YES:

PROVIDE LOCATIONS, AMOUNT OF FISH COLLECTED AND/OR SOLD FROM EACH LOCATION, AND INCOME DERIVED FROM THOSE SALES.

WHAT IS THE FULL AMOUNT YOU ARE REQUESTING FOR THIS CLAIM?

HOW DID YOU ARRIVE AT THIS FIGURE?

IS THIS CLAIM FOR ECONOMIC DAMAGES ONLY OR ALSO FOR PHYSICAL DAMAGES TO YOUR VESSEL(S)?

☐ YES ☐ NO

HAVE YOU ALREADY SUBMITTED THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY? ☐ YES ☐ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF THE COMPANY OR AGENCY:

DO YOU PLAN TO SUBMIT THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY?

☐ YES ☐ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF COMPANY OR AGENCY:

ARE YOU REPRESENTED BY AN ATTORNEY?

☐ YES ☐ NO

IF YES, PROVIDE NAME AND ADDRESS OF YOUR ATTORNEY:

**FISHERIES LOSS
COMMERCIAL FISHERMAN
File Checklist for Documentation**

A. DAILY SALES JOURNALS

____ DAILY SALES JOURNALS JANUARY 1, 2010-APRIL 21, 2010

____ DAILY SALES JOURNALS JANUARY 2009-DECEMBER 2009

____ DAILY SALES JOURNAL JANUARY 2008-DECEMBER 2008

B. SALES RECEIPTS

____ VENDOR SALES RECEIPTS-JANUARY 2010-MARCH 2010

____ VENDOR SALES RECEIPTS-JANUARY 2009-DECEMBER 2009

____ VENDOR SALES RECEIPTS-JANUARY 2008-DECEMBER 2008

C. INCOME TAX STATEMENTS

____ 2010 FEDERAL INCOME TAX RETURN (profit/loss business)

____ 2009 FEDERAL INCOME TAX RETURN (profit/loss business)

D. LICENSE NUMBER(S)

____ COPY OF COMMERCIAL FISHERMAN'S LICENSE
LICENSE # _____

____ COPY OF COMMERCIAL GEAR LICENSE
LICENSE # _____

____ COPY OF COMMERCIAL VESSEL LICENSE
LICENSE # _____

ABOVE DOCUMENTATION IS A MINIMUM REQUIREMENT. IN SOME CASES, ADDITIONAL DOCUMENTATION MAY BE REQUIRED. IF YOU ARE UNABLE TO PRODUCE REQUIRED DOCUMENTATION, A WRITTEN EXPLANATION IS REQUIRED.

Appendix 3 – Crabber Claims Form

NAME OF CLAIMANT	
ADDRESS	
TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER	
STATE COMMERCIAL CRABBER LICENSE NUMBER: TX, LA, MS, AL, FL	
STATE VESSEL LICENSE NUMBER: TX, LA, MS, AL, FL	
STATE COMMERCIAL GEAR LICENSE NUMBER: TX, LA, MS, AL, FL	

IS THIS CLAIM RELATED TO DAMAGE TO PROPERTY? ☐ YES ☐ NO
IF YES, PLEASE COMPLETE PART A.

IS THIS CLAIM RELATED TO DAMAGE TO EQUIPMENT? ☐ YES ☐ NO
IF YES, PLEASE COMPLETE PART A.

IS THIS CLAIM FOR LOSS OF PROFITS AND/OR EARNINGS? ☐ YES ☐ NO
IF YES, PLEASE COMPLETE PART B.

PART A: DESCRIBE IN DETAIL THE DAMAGES TO PROPERTY OR EQUIPMENT:

HAVE REPAIRS BEEN MADE? ☐ YES ☐ NO

PART B: DESCRIBE IN DETAIL THE LOSS OF PROFITS AND/OR EARNINGS:

DESCRIBE THE NUMBER AND TYPES OF TRAPS YOU USE TO HARVEST CRABS:

IDENTIFY AS CLOSELY AS POSSIBLE WHERE YOUR CRAB TRAPS WERE PLACED (OR ATTACH A MAP):

HOW MANY CRAB TRAPS ARE INCLUDED IN THIS CLAIM? -

HOW MANY CRAB TRAPS HAVE NOT BEEN RECOVERED?

DID YOU SEE OIL IN THE WATER IN THE AREA OF YOUR CRAB TRAPS? ☐ YES
☐ NO

IF YES, ON WHAT DATE(S)?

DID ANYONE ELSE SEE OIL IN THE WATER ON THESE DATE(S)? ☐ YES
☐ NO

IF YES, PROVIDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THOSE WHO SAW OIL IN THE WATER ON THESE DATES:

WHAT WAS THE AMOUNT OF HARVEST AND/OR SALES OF CRABS HARVESTED FROM THE AREA IDENTIFIED IN THIS CLAIM FOR THREE YEARS PRIOR TO THIS DATE?

AMOUNT(s) _____ DATE(s) _____

DO YOU HAVE RECORDS OR RECEIPTS?

☐ YES

☐ NO

IF YES, PLEASE ATTACH.

WHAT WAS THE AMOUNT OF INCOME YOU DECLARED ON YOUR TAX RETURNS FROM THE SALES OF CRABS FOR THE PAST THREE YEARS?

2007 _____ 2008 _____ 2009 _____

DO YOU HAVE RECORDS THAT SHOW YOUR EXPENSES RELATED TO YOUR CRABBING OPERATIONS?

☐ YES

☐ NO

HAVE YOU EVER RECEIVED ANY TYPE OF DAMAGES SETTLEMENT OR OTHER PAYMENT REGARDING THE CRAB FISHERIES NAMED IN THIS CLAIM?

☐ YES

☐ NO

IF YES:

WHAT WAS THE AMOUNT OF THE SETTLEMENT OR OTHER PAYMENT?

WHO PAID THE SETTLEMENT OR OTHER PAYMENT?

ARE YOU CURRENTLY EMPLOYED AS A FULL-TIME COMMERCIAL CRABBER?

☐ YES

☐ NO

IF NO:

WHAT IS YOUR OTHER EMPLOYMENT AND/OR OCCUPATION?

WHAT PERCENTAGE OF YOUR INCOME IS DERIVED FROM THIS OTHER EMPLOYMENT? _____

SINCE APRIL 21, 2010, HAVE YOU ATTEMPTED TO CRAB OUTSIDE OF THE AREA IDENTIFIED IN THIS CLAIM?

☐ YES

☐ NO

IF YES:

PROVIDE LOCATIONS, NUMBER OF CRAB TRAPS USED AT EACH LOCATION, AMOUNT OF CRABS HARVESTED AND/OR SOLD FROM EACH LOCATION, AND INCOME DERIVED FROM THOSE SALES.

WHAT IS THE FULL AMOUNT YOU ARE REQUESTING FOR THIS CLAIM?

HOW DID YOU ARRIVE AT THIS FIGURE?

HAVE YOU ALREADY SUBMITTED THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY? ☐ YES ☐ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF THE COMPANY OR AGENCY:

DO YOU PLAN TO SUBMIT THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY?

☐ YES ☐ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF COMPANY OR AGENCY:

ARE YOU REPRESENTED BY AN ATTORNEY?

☐ YES ☐ NO

IF YES, PROVIDE NAME AND ADDRESS OF YOUR ATTORNEY:

**FISHERIES LOSS
COMMERCIAL CRAB FISHERMAN
File Checklist for Documentation**

A. DAILY SALES JOURNALS

____ DAILY SALES JOURNALS JANUARY 1, 2010-APRIL 21, 2010

____ DAILY SALES JOURNALS JANUARY 2009-DECEMBER 2009

____ DAILY SALES JOURNAL JANUARY 2008-DECEMBER 2008

B. SALES RECEIPTS

____ VENDOR SALES RECEIPTS-JANUARY 2010-MARCH 2010

____ VENDOR SALES RECEIPTS-JANUARY 2009-DECEMBER 2009

____ VENDOR SALES RECEIPTS-JANUARY 2008-DECEMBER 2008

C. INCOME TAX STATEMENTS

____ 2010 FEDERAL INCOME TAX RETURN (profit/loss business)

____ 2009 FEDERAL INCOME TAX RETURN (profit/loss business)

D. LICENSE NUMBER(S)

____ COPY OF COMMERCIAL FISHERMAN'S LICENSE
LICENSE # _____

____ COPY OF COMMERCIAL GEAR LICENSE
LICENSE # _____

____ COPY OF COMMERCIAL VESSEL LICENSE
LICENSE # _____

____ COPY OF COMMERCIAL TRAP LICENSE FOR 2010
LICENSE # _____

ABOVE DOCUMENTATION IS A MINIMUM REQUIREMENT. IN SOME CASES, ADDITIONAL DOCUMENTATION MAY BE REQUIRED. IF YOU ARE UNABLE TO PRODUCE REQUIRED DOCUMENTATION, A WRITTEN EXPLANATION IS REQUIRED.

Appendix 4 – Oyster Lease Owner Claims Form

NAME OF CLAIMANT	
ADDRESS	
TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER	
OYSTER LEASE NUMBER(S): TX, LA, MS, AL, FL	
PARISH/COUNTY OF RECORDATION AND DATE OF RECORDATION OF OYSTER LEASE(S): TX, LA, MS, AL, FL	

HOW LONG HAVE YOU HELD THIS/THESE OYSTER LEASE(S)?

DESCRIBE IN DETAIL THE NATURE OF DAMAGES CLAIMED:

DID YOU SEE OIL IN THE WATER WITHIN THE BOUNDARIES OF YOUR OYSTER LEASE(S)?

☐ YES ☐ NO

IF YES, FOR EACH LEASE PROVIDE THE FOLLOWING: LEASE NUMBER, DATE(S) YOU SAW OIL IN THE WATER:

DID ANYONE ELSE SEE OIL IN THE WATER ON THESE DATE(S)?

☐ YES

☐ NO

IF YES, PROVIDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THOSE WHO SAW OIL IN THE WATER ON THESE DATES:

LIST EACH LEASE AND THE CROP/OYSTER POPULATION OF MARKET-SIZED OYSTERS FOR EACH PRIOR TO APRIL 21, 2010:

HAVE YOU EVER HAD AN ASSESSMENT OF YOUR STANDING CROP/OYSTER POPULATION OF YOUR LEASE(S)?

☐ YES

☐ NO

IF YES, PROVIDE THE NAME OF THE PERSON(S) PERFORMING THE ASSESSMENT(S) AND THE DATE(S) OF THE ASSESSMENT(S). ATTACH COPIES.

HAVE YOU HAD AN ASSESSMENT OF YOUR OYSTER LEASE(S) SINCE APRIL 21, 2010.

☐ YES

☐ NO

IF YES, PROVIDE THE NAME OF THE PERSON(S) PERFORMING THE ASSESSMENT(S) AND THE DATE(S) OF THE ASSESSMENT(S). ATTACH COPIES.

DO YOU HAVE RECORDS AND OR SALES RECEIPTS OF THE HARVEST(S) FROM YOUR OYSTER LEASE(S)?

☐ YES

☐ NO

IF YES, ARE THESE RECORDS/RECEIPTS AVAILABLE FOR OUR INSPECTION?

☐ YES

☐ NO

WHAT WAS THE AMOUNT OF INCOME YOU DECLARED ON YOUR TAX RETURNS FROM THE SALES OF OYSTERS FOR THE PAST THREE YEARS?

2007 _____ 2008 _____ 2009 _____

ARE THESE TAX RECORDS AVAILABLE FOR OUR INSPECTION? ☐ YES ☐ NO

IDENTIFY ALL BUYERS OF OYSTERS FOR THE OYSTER LEASE(S) NAMED IN THIS CLAIM:

TO YOUR KNOWLEDGE, HAS A CLAIM EVER BEEN MADE PRIOR TO APRIL 21, 2010 FOR DAMAGES TO OR OYSTER MORTALITY REGARDING THE OYSTER LEASE(S) NAMED IN THIS CLAIM? ☐ YES ☐ NO

IF YES:

WHAT WAS THE NATURE OF EACH CLAIM FOR EACH OYSTER LEASE? INCLUDE TYPE OF DAMAGE, DATE THE CLAIM WAS FILED, NAME(S) OF PERSON(S) FILING THE CLAIM(S), AND PARTY AGAINST WHOM THE CLAIM(S) WERE FILED:

HAVE YOU EVER RECEIVED ANY TYPE OF DAMAGE STATEMENT, RIGHT-OF-WAY SETTLEMENT, OR OTHER PAYMENT FOR ANY OYSTER LEASE(S) THAT IS/ARE PART OF THIS CLAIM? ☐ YES ☐ NO

IF YES, PROVIDE THE LEASE NUMBER(S), DATE OF THE SETTLEMENT, AMOUNT OF THE SETTLEMENT, AND FROM WHOM THE SETTLEMENT AND/OR PAYMENTS WERE RECEIVED:

WHAT IS THE FULL AMOUNT YOU ARE REQUESTING FOR THIS CLAIM?

HOW DID YOU ARRIVE AT THIS FIGURE?

HAVE YOU ALREADY SUBMITTED THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY? ☐ YES ☐ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF THE COMPANY OR AGENCY:

DO YOU PLAN TO SUBMIT THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY?

☐ YES ☐ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF COMPANY OR AGENCY:

ARE YOU REPRESENTED BY AN ATTORNEY?

☐ YES ☐ NO

IF YES, PROVIDE NAME AND ADDRESS OF YOUR ATTORNEY:

**FISHERIES LOSS
COMMERCIAL OYSTER FISHERMAN
File Checklist for Documentation**

A. DAILY SALES JOURNALS

____ DAILY SALES JOURNALS JANUARY 1, 2010-APRIL 21, 2010

____ DAILY SALES JOURNALS JANUARY 2009-DECEMBER 2009

____ DAILY SALES JOURNAL JANUARY 2008-DECEMBER 2008

B. SALES RECEIPTS

____ VENDOR SALES RECEIPTS-JANUARY 2010-MARCH 2010

____ VENDOR SALES RECEIPTS-JANUARY 2009-DECEMBER 2009

____ VENDOR SALES RECEIPTS-JANUARY 2008-DECEMBER 2008

C. INCOME TAX STATEMENTS

____ 2010 FEDERAL INCOME TAX RETURN (profit/loss business)

____ 2009 FEDERAL INCOME TAX RETURN (profit/loss business)

D. LICENSE NUMBER(S)

____ COPY OF COMMERCIAL FISHERMAN'S LICENSE
LICENSE # _____

____ COPY OF COMMERCIAL GEAR LICENSE
LICENSE # _____

____ COPY OF COMMERCIAL VESSEL LICENSE
LICENSE # _____

ABOVE DOCUMENTATION IS A MINIMUM REQUIREMENT. IN SOME CASES, ADDITIONAL DOCUMENTATION MAY BE REQUIRED. IF YOU ARE UNABLE TO PRODUCE REQUIRED DOCUMENTATION, A WRITTEN EXPLANATION IS REQUIRED.

Appendix 5 – Commercial Shrimper Claims Form

NAME OF CLAIMANT	
ADDRESS	
TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER	
STATE COMMERCIAL SHRIMPER LICENSE NUMBER(S): TX, LA, MS, AL, FL	

IS THIS CLAIM FOR LOSS OF INCOME? ☐ YES ☐ NO

IS THIS CLAIM FOR DAMAGE TO A VESSEL(S) OR EQUIPMENT? ☐ YES ☐ NO

IF YES,
WHAT IS THE NAME OF THE VESSEL(S)?

WHAT IS THE STATE VESSEL LICENSE NUMBER(S)?

DESCRIBE IN DETAIL THE NATURE OF DAMAGES CLAIMED. DESCRIBE THE DAMAGE TO THE VESSEL(S) OR EQUIPMENT. AND/OR DESCRIBE HOW YOUR INCOME HAS BEEN AFFECTED:

DEFINE THE AREA WITHIN WHICH YOU COLLECT SHRIMP THAT HAS BEEN AFFECTED BY THE OIL SPILL. OR, DEFINE THE LOCATION OF YOUR STATIONARY NETS.

STATE THE AMOUNT OF CATCH AND/OR SALES OF SHRIMP COLLECTED FROM THIS FOR THE PRIOR THREE YEARS. ALSO, PROVIDE THE DATE(S) OF CATCH SALE.

DO YOU HAVE RECORDS AND OR SALES RECEIPTS OF THE CATCH(ES)?

☐ YES ☐ NO

IF YES, ARE THESE RECORDS/RECEIPTS AVAILABLE FOR OUR INSPECTION?

☐ YES ☐ NO

WHAT WAS THE AMOUNT OF INCOME YOU DECLARED ON YOUR TAX RETURNS FROM THE SALES OF SHRIMP FOR THE PAST THREE YEARS?

2007 _____ 2008 _____ 2009 _____

ARE THESE TAX RECORDS AVAILABLE FOR OUR INSPECTION? ☐ YES ☐ NO

ARE YOU CURRENTLY EMPLOYED AS A FULL-TIME COMMERCIAL SHRIMPER? ☐ YES ☐ NO

IF NO:

WHAT IS YOUR OTHER EMPLOYMENT AND/OR OCCUPATION?

WHAT PERCENTAGE OF YOUR INCOME IS DERIVED FROM THIS OTHER EMPLOYMENT? _____

SINCE APRIL 21, 2010, HAVE YOU ATTEMPTED TO COLLECT SHRIMP OUTSIDE OF THE AREA IDENTIFIED IN THIS CLAIM? ☐ YES ☐ NO

IF YES:

PROVIDE LOCATIONS, AMOUNT OF SHRIMP COLLECTED AND/OR SOLD FROM EACH LOCATION, AND INCOME DERIVED FROM THOSE SALES.

WHAT IS THE FULL AMOUNT YOU ARE REQUESTING FOR THIS CLAIM?

HOW DID YOU ARRIVE AT THIS FIGURE?

HAVE YOU ALREADY SUBMITTED THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY? ☐ YES ☐ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF THE COMPANY OR AGENCY:

DO YOU PLAN TO SUBMIT THIS CLAIM TO ANOTHER INSURANCE COMPANY OR GOVERNMENT AGENCY?

☐ YES ☐ NO

IF YES, PROVIDE THE NAME AND ADDRESS OF COMPANY OR AGENCY:

ARE YOU REPRESENTED BY AN ATTORNEY?

☐ YES ☐ NO

IF YES, PROVIDE NAME AND ADDRESS OF YOUR ATTORNEY:

**FISHERIES LOSS
COMMERCIAL SHRIMP FISHERMAN
File Checklist for Documentation**

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Appendix 6 – Commercial Claim Documentation

COMMERCIAL CLAIM DOCUMENTATION

This list of supporting documentation is intended to be illustrative, but not exclusive. It is up to each claimant to determine what documentation best supports his/her claim.

- 1. Federal income tax returns and all supporting schedules for the years 2007 through 2009.**
- 2. Copies of letters of business cancellations caused by spill damage.**
- 3. Financial statements for January 2007 through the present.**
- 4. Statements from claimant or witnesses on how the spill led to loss of income or earning capacity; explain any earning anomalies.**
- 5. Business Plan and projections for the affected business as well as profits and economic forecasts of similarly situated business in the same industry.**
- 6. Monthly income statements (profit & loss) by department with details of all revenues and expenses by category from January 2007 through the present.**
- 7. Daily and monthly occupancy reports and rates by property from January 2007 through the present.**
- 8. State sales and lodging tax returns from January 2009 through the present.**
- 9. Accounting of revenues and commissions paid or earned.**
- 10. A sample of current agreements between the property management company and the unit owner.**
- 11. Monthly cancellation reports/logs including the renter contact information, cancel date, anticipated arrival date, unit code and reason for cancellation from April 2010 through present.**
- 12. Payroll journals reflecting gross wages by employee for each pay period ended March 15, 2010, through the present.**
- 13. Description of accounting policies and a statement as to the basis of accounts preparation: is it cash, management or stat accounts**
- 14. Any insurances the company may have already, e.g. business interruption insurance**
- 15. Information on any offsetting cancellation fee (e.g. 90% return of rental and lose 10%)**
- 16. Documentation, including accounting records, of actual revenue losses incurred, additional costs and expenses incurred, including costs to mitigate damage, and any discontinued expenses.**

For documented losses of an extended duration, claimants may be requested to provide supplemental supporting documentation.

Appendix 7 – Form for Attorney Represented Claimant

Important Information for Deepwater Horizon Oil Spill
Claimants Represented By A Lawyer

You have told us that you are represented by a lawyer.

Any claimant may be represented by a lawyer in connection with their claim to BP. BP will not treat your claim differently if you are represented by a lawyer. However, if you are represented by a lawyer, BP is required to communicate with your lawyer rather than with you unless your lawyer authorizes BP in writing to communicate with you. Your lawyer may do so by faxing a written authorization to (302) 476-6272 or by e-mailing the authorization to Melissa.Osborne@esis.com. If it is more convenient, your lawyer may instead use this form and fill out the information below and return it to BP, so that BP will know who to communicate with about your claim. **We can not continue to communicate directly with you until we have the authorization of your lawyer.**

My client, _____, has submitted a claim to BP Products & Exploration, Inc. ("BP") in connection with the Deepwater Horizon oil spill. I (please check one of the options below)

_____ will be representing my client in connection with the claim and therefore request that BP communicates with me. My telephone number is _____ and my email address is _____.

_____ will be representing my client in connection with the claim but authorize BP to communicate directly with my client.

_____ will not be representing my client in connection with the claim and therefore BP should communicate directly with my client with regard to the claim.

Name of attorney (please print)

Signature of attorney

Date